



# **MAYFLOWER MUNICIPAL HEALTH GROUP**

## **EMPLOYER/ EMPLOYEE REQUIREMENTS AND** **ACKNOWLEDGEMENT INFORMATION**

**Property of Mayflower Municipal Health Group**

**April, 2010**

**MMHG contains the following Governmental Units and they are subject to the attached requirements:**

***TOWN OF ABINGTON***  
***TOWN OF BRIDGEWATER***  
***BROCKTON AREA TRANSIT AUTHORITY***  
***CARVER MARION RRDD***  
***TOWN OF HALIFAX***  
***TOWN OF HANOVER***  
***TOWN OF HANSON***  
***TOWN OF HINGHAM***  
***TOWN OF HULL***  
***TOWN OF KINGSTON***  
***TOWN OF MARSHFIELD***  
***NORTH RIVER COLLABORATIVE***  
***TOWN OF NORWELL***  
***ONSET FIRE DISTRICT***  
***TOWN OF PEMBROKE***  
***PLYMOUTH COUNTY***  
***TOWN OF PLYMPTON***  
***TOWN OF ROCHESTER***  
***TOWN OF ROCKLAND***  
***TOWN OF SCITUATE***  
***SILVER LAKE REGIONAL SCHOOL DIST***  
***SOUTH SHORE EDUCATIONAL COLLABORATIVE***  
***SOUTH SHORE VOCATIONAL TECHNICAL HIGH SCHOOL***  
***SOUTH SHORE TRI-TOWN DEV.CORP.***  
***WAREHAM FIRE DISTRICT***  
***TOWN OF WEST BRIDGEWATER***  
***TOWN OF WHITMAN***  
***WHITMAN-HANSON REGIONAL SCHOOL DISTRICT***

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**Mailing Address: MAYFLOWER MUNICIPAL HEALTH GROUP**  
**P. O. Box 3390**  
**Plymouth, MA. 02361**

## **Mayflower Municipal Health Group**

### ***Employer requirements and acknowledgement including frequently asked questions***

#### **Who do I contact to receive plan materials, order ID cards or change a Primary Care Physician?**

- If you need plan materials (summary of benefit, applications, etc.) please contact Kelly Morse Perez (phone 508-830-9102 ext. 2 or email [kmorseperez@hotmail.com](mailto:kmorseperez@hotmail.com))
- Subscribers must contact either Blue Cross Blue Shield (BCBS) or Harvard Pilgrim (HP) to change their Primary Care Physician (PCP)
- I.D. cards may be ordered by calling PCHG or BCBS/HP and please always confirm mailing address

#### **Who Is An Eligible Subscriber?**

- Permanent full time employees and part time employees working a minimum of twenty(20) hours a week or greater as defined in G.L. c. 32B
- Public school employees who are eligible for benefits shall be considered employees for the months of July and August provided their contributions were withheld/paid during the previous school year
- Elected officials who are employed fewer than twenty (20) hours per week but who are compensated "may" be determined eligible by the appropriate public authority in accordance with G.L c. 32B
- Retired employees receiving a pension attributable to employment with your governmental unit- (Employees must meet the requirements of G.L. c. 32 and the requirements of the applicable Retirement Board)
  - ❖ Unless your governmental unit has an established regulation or policy to the contrary, a newly retired employee does not have to have been enrolled while employed but must have been eligible for health coverage while employed.
  - ❖ If the retiree does not have benefits with your governmental unit then the retiree's spouse cannot have benefits (excluding surviving spouses that may be eligible)
- A surviving spouse may be eligible for contribution toward premium cost by the governmental unit if the governmental unit has accepted the applicable section(s) of G.L. c. 32B (relationship must be disclosed on enrollment form)

**In no event may SEASONAL OR EMERGENCY EMPLOYEES be considered eligible.**

**If an individual is not eligible for coverage under c. 32B (or COBRA) he/she can NOT have benefits by paying 100% of the premium.**

**No appointing authority in a governmental unit may determine a position eligible for benefits that is not in accordance with G.L.c.32B**

#### **What if an employee is granted a leave of absence without pay (NOT FMLA)?**

- An employee that is granted a leave of absence without pay must pay 100% of the premium and there can be no lapse in coverage. When the leave of absence expires and the employee's employment terminates the COBRA law will apply. However, an employee who is on unpaid leave due to personal illness will be eligible for contribution by the governmental unit subject to the rules and regulations of the governmental unit.

## What if an employee is granted a leave of absence with or without pay under FMLA?

- The employee is entitled to health coverage for up to 12 weeks of health benefits at the same contribution rate the employee would have paid if actively at work.

## Who Is an Eligible Dependent?

- Legally Married Spouse (including same sex) Ch.32B governs PCHG and does not recognize unmarried partners for the purpose of health insurance
- Legally Married Spouse of Retiree-A retiree must participate in your governmental unit's group health plan in order for their spouse to be eligible
- Upon granting of judgment of divorce or of separate support, the spouse who is not an employee or retiree shall remain eligible under the employee's or retiree's Family plan, unless the judgment provides to the contrary. Upon the remarriage of the non-employee/retiree spouse, that spouse will be removed from the plan. Upon the remarriage of the employee or retiree, if the judgment requires that the employee/retiree must continue to provide coverage for the spouse (who hasn't remarried), the spouse will be offered coverage through an Individual plan and the employee/retiree will be responsible for 100% of the premium cost for the plan.
- Unmarried Dependent Children under age 19
- **Unmarried** full-time (at least 12 credits per semester) Student Dependent under age 25
- Over age 19 Disabled Dependent (mentally or physically incapable of earning his/her own living) certified as such by BCBS or HP
- Child of a covered unmarried dependent

## When Can an Employee Enroll/Cancel?

- Employees must enroll the first day of the month following Date of Hire, during the annual Open Enrollment (effective July 1<sup>st</sup>) or during a special enrollment period for a qualifying event
- Date the employee qualifies as part time (20 hrs set by 32B Sect. 2)
- Retirement (must be eligible retiree receiving allowance from your community)
- Coverage must end on the last day of the month following termination of employment. (School employees who are terminated at the end of the school year may be continued during the months of July and August provided that contributions for those months were deducted from their compensation for the preceding school year.)
- Coverage must be cancelled when employee/dependent is no longer eligible and reinstated upon election and payment of COBRA premium
- Employees may voluntarily cancel their insurance at any time but must give at least 30 days advanced notice
- Dependents may be voluntarily cancelled by the subscriber at any time with 30 days advance notice-(Please indicate on form if the cancellation changes coverage type)

***Please caution subscribers that want to immediately cancel their spouse and/or dependent due to domestic problems that they could be monetarily responsible for retro active reinstatements and/or claims that may be ordered by the Court.***

## What Constitutes a Qualifying Event?

- An Employee's spouse's **involuntary** loss of coverage under another group plan
- Date the employee's spouse voluntarily canceled coverage under another health plan due to the total termination of an employer's contribution toward the premium cost of that plan
- Marriage, birth of a child, adoption of a child, placement of a child for adoption

## What Does Not Constitute a Qualifying Event?

- Spouse's voluntary cancellation of current health/dental plan (unless due to employer's total cessation of contribution toward premium cost)
- Electing to terminate one's COBRA plan
- Primary care physician no longer participating with current plan
- Change in spouse's employer plans
- Change in contribution amount/premium by spouse's employer (unless total cessation of contribution)
- Infertility treatment begun under another carrier and not covered

## When Can A Dependent Enroll?

- Open enrollment (July 1<sup>st</sup>)
- Date of marriage
- Date of birth/adoption/legal guardianship
- Date dependent **involuntarily** lost eligibility for coverage under another health/dental plan
- Date dependent voluntarily canceled coverage under another health/dental plan due to the total cessation of an employer's contribution

## When to Include Supporting Documentation?

***Please see attached list of required documents for coverage with MMHG.***

- Employee is covering dependents
- Application is a result of a Qualifying Event
  - ❖ Marriage/birth/divorce/adoption - attach marriage/birth certificate or divorce decree
  - ❖ Loss of coverage elsewhere - letter from spouse's employer that states the loss of coverage was **involuntary** and HIPAA certificate that has the members covered and the date coverage ends or letter from employer stating that it ceased contribution toward the premium cost for spouse's plan
- Employee has student dependents – original letter from Registrar stating full time student status for the current semester/year **and** signed affidavit
- Employee and/or spouse is over age 65 – Copy of Medicare card or letter from Social Security

## What to do when an Employee or Spouse Turns 65?

- Determine Status- Retired from your community or still working for you (TEFRA)
- Determine Medicare Eligibility- \*Proof of ineligibility must be provided (rare)
- If employee is still working for you (TEFRA): subscriber and spouse should still enroll in Medicare Part A and provide Medicare information to PCHG or insurance may be cancelled
- MMHG requires all Retired subscribers from your community and their spouses/dependents that are Medicare Eligible to enroll in Parts A & B and transfer to a supplemental plan (Medicare is Primary). Effective date is retirement date or Medicare effective date whichever is later.
  - ❖ **Example 1:** Retired Employee with no dependents turns age 65 on February 21 and has been retired for 5 years.-Medicare A & B should be effective February 1<sup>st</sup> and effective date for supplemental plan should be February 1<sup>st</sup>. (if employee/retiree birthday is Feb 1<sup>st</sup> then the effective date for Medicare and supplemental plan is January 1<sup>st</sup>)
  - ❖ **Example 2:** Active Employee with no dependents turns age 65 on February 21 and will retire May 15<sup>th</sup>. –Employee should enroll in Medicare part A only effective February 1<sup>st</sup> and then enroll in Medicare part B effective May 1<sup>st</sup> and the effective date for supplemental plan should be the date of retirement May 15<sup>th</sup> (no penalty for picking up part B when over age 65 because employee continued to work for you)

- ❖ **Example 3:** Retired Employee with spouse turns age 65 on February 1<sup>st</sup> and has been retired for 2 years (spouse is under age 65 and not eligible for Medicare). –Medicare A & B for retired employee should be effective January 1<sup>st</sup> and effective date for supplemental plan should be January 1<sup>st</sup>. The non Medicare eligible spouse enrolls in a single plan (usually same health plan spouse had prior to retiree becoming eligible for Medicare).
- If Retiree (and spouse) has/have dependent children on the plan they may remain on a family plan but must enroll in Medicare Parts A & B and notify MMHG (Medicare is Primary)

**Active and Retired Employees are required to notify you when they become eligible for Medicare for any reason including disability or ESRD (End Stage Renal Disease)**

#### **Should retirees enroll in Medicare Part D?**

- For most MMHG Medicare enrollees, the drug coverage that is currently offered through MMHG health plan is a better value than the Medicare drug plans being offered. Therefore, retirees should not enroll in a Medicare drug plan.
- If a retiree has limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage and this may be the one case where signing up for a Medicare Part D plan may work for the retiree. Contact the Social Security Administration for details.

## **Guidelines/Requirements and Employer Acknowledgement**

- Applications **must** be received within 30 days of the requested effective date and attach the signed employee document titled “**REQUIRED SUPPORTING DOCUMENTATION AND ACKNOWLEDGEMENT**”
- A special exception may be requested in certain circumstances when the application is received beyond the 30 day requirement. All special exceptions must be reviewed and receive approval by Blue Cross Blue Shield or Harvard Pilgrim Underwriting unit. The underwriting process could take up to 4 weeks to be processed and may be denied.
- All deceased individuals must be cancelled by filling out an application and if death occurred more than 30 days retro a death certificate is required- Credit will be given for deceased subscribers up to (1) one year from notification to MMHG minus non recoverable Administrative fee(s) and any other premium paid. Cancellations should be effective the date after death.
- Member units must notify MMHG when a subscribers status changes to COBRA (A copy of signed election form is acceptable for subscribers but dependents that are enrolling in COBRA must fill out a new application)
- Address changes should be sent to MMHG via email, fax or mail –Please note that you may submit address changes in letter/fax format as long as all identifiable information is included (Governmental unit, subscriber name & ID number, address, Date of Birth)
- Member units must notify MMHG of all work related injuries, Medicare eligibility and change in employee status including FMLA and LOA.

### **Required Application Information**

- All information must be completed in order to process the enrollment application including signature of employee and employer as well as dependent social security numbers.
- Medicare eligibility must be filled in and if eligibility is due to End Stage Renal Disease (ESRD) the first date of treatment must be disclosed.
- Primary Care Physicians must be selected for employees selecting Managed Care Products (HMO) Blue Cross Blue Shield Network Blue and Harvard Pilgrim HMO. No claims will be paid and no referrals will be authorized until a PCP is listed.

**Please double check all applications for completeness prior to sending to MMHG to prevent your application from being rejected and returned to you.**

**Employers should compare monthly detailed employee payroll deductions to make sure the governmental unit is receiving the appropriate employee contribution.**

**Mayflower Municipal Health Group reserves the right to request additional information to support eligibility and/or to satisfy the requirements for reinsurance.**

### **Acknowledgement:**

I have read and agree to abide by the employee and employer requirements and further understand that I will notify my employees of any and all changes that occur now and in the future that may alter their benefits. I acknowledge that I must provide the employees with information regarding plan design as well as comply with the requirements of COBRA, HIPAA, HIRD, FMLA.

\_\_\_\_\_  
Signature

**The signature must be the individual of the authorized Employer Representative that is responsible for signing enrollment applications. If more than one person is authorized please submit a form for each authorized representative.**

Print Name:\_\_\_\_\_

Date:\_\_\_\_\_

Governmental Unit:\_\_\_\_\_

## **REQUIRED SUPPORTING DOCUMENTATION AND ACKNOWLEDGEMENT**

**(Employee must sign and attach to enrollment application)**

### **Documents that you need to provide in order to have coverage with MMHG**

**If you are planning to cover yourself only:**

- There is no documentation needed

**If you are planning to cover a current and/or former spouse, you will need the following:**

- If you are married – Copy of Certified Marriage Certificate
- If you are divorced or legally separated the following sections of Separation Agreement are required:
  - ❖ Divorce Absolute Date
  - ❖ Signature Page
  - ❖ Health Insurance Provisions
  - ❖ Your Former Spouse's Last Known Address

***Please note: When the employee remarries and the divorce document requires continued coverage for the former spouse, the former spouse may not continue coverage under the employee's family contract even if the employee's new spouse does not wish to be covered under the employee's group plan. The former spouse may be enrolled under an individual plan if the divorce document specifies that the employee must continue coverage for the former spouse and the employee must pay 100% of premium. But in no event will coverage be available after the former spouse remarries.***

**If you are planning to cover dependent children, you will need the following:**

- Dependent Child Coverage (New and Existing) – Copy of Certified Birth Certificate (must have parent/child relationship listed)
- **UNMARRIED** Dependent Students Age 19-24 – Original letter from Registrar's office stating full time student status (12 credits or more) for the current semester/year **and** student verification affidavit.
- Disabled Dependent – complete Disabled Dependent form
- Adoption – Copy of Adoption Placement Letter
  - ❖ Letter must be on Adoption Agency Letterhead and include the following:
  - ❖ Name of Adoptive Parents
  - ❖ Name of Adopted Child
  - ❖ Date Child Placed in the Home
  - ❖ **Foreign Adoptions**-if the date of placement with the adopting parent(s) is not noted in the adoption documentation from the official government papers, a copy of the child's picture passport and a page showing a Department of Homeland Security, US Customs and Border Protection date stamp are required. The letter from the licensed adoption agency must state the "date of placement for the purpose of adoption."

**IMPORTANT: To ensure compliance with eligibility requirements, the enrollment of adopted children will be subject to written approval of the Blue Cross Blue Shield of Massachusetts or Harvard Pilgrim Member Underwriting Department.**

- Grandchild – Copy of Court Guardianship Appointment
  - ❖ However, if grandchild is a dependent of a dependent, copy of grandchild's certified (Long Form) birth certificate is required.



### **Additional Required Documents for Retirees**

**If you and/or your spouse are on Medicare, you will need the following documentation:**

- See above for spousal and dependent coverage
- Photocopy of Medicare Card (include a copy of spouse's card if applicable)

**If you and/or your spouse are over age 65 and not eligible for Medicare you will need the following documentation:**

- See above for spousal and dependent coverage
- Letter from Social Security stating that you or your spouse is not eligible for Medicare Part A for free.

**Documents such as marriage certificates and birth certificates can be obtained by contacting the Clerk's Office of the town in which the event occurred.**

**Adoption verification and Grandchild verification information can be obtained by contacting the adoption agency used or the Clerk of Court's office in the town in which the event occurred.**

**We encourage you to contact the appropriate offices as soon as possible. There may be a waiting period to obtain information.**

**Mayflower Municipal Health Group reserves the right to request additional documentation to the above in order to support eligibility.**

### **Acknowledgements:**

- You are required to notify your employer within thirty (30) days of the following events that effect your insurance coverage:
  - a. your marriage
  - b. the birth of a child
  - c. your adoption of a child or placement for adoption
  - d. your divorce
  - e. the death of a dependent
  - f. a dependent's loss of status as a dependent for any reason including:
    - 1.) the dependent's marriage
    - 2.) the dependent is no longer enrolled as a full-time (at least 12 credits per semester) student
  - g. you, your spouse or a dependent becoming eligible for Medicare and/or enrolling in Medicare.
  - h. your divorced spouse's re-marriage

You must notify your employer of a change in your address within thirty (30) days of that change.

***If you fail to notify your employer that your dependent(s) is/are no longer eligible you will be responsible for the total amount of any claims paid for the period of time the dependent was not eligible. MMHG considers this fraud and your contract may be cancelled due to your failure to notify employer/MMHG of the qualifying event.***

- If you refuse health coverage with your employer you understand that you may only enroll during the next open enrollment period unless a valid qualifying event occurs.
- I have read and signed the required Health Insurance Responsibility Disclosure (HIRD) form because I have declined health benefits and/or participation in a "Section 125 Cafeteria Plan" to pay for health insurance.
- I have received the comparison of benefits and/or other benefit plan summary that explain my health insurance benefits.
- I have received the required HIPAA notice of privacy practices and initial COBRA notification.

**In order to process your Health Insurance enrollment please read this form, sign, date and attach this document to your completed enrollment application. Please keep a copy of this form for your records.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name of Employee: \_\_\_\_\_

Insurance plan selected (circle one): BCBS    HP

Type of plan (circle one): INDIVIDUAL    FAMILY

Employer/Governmental Unit: \_\_\_\_\_